

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL098030</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>10/29/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CALLED 2 CARE FCH</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>302 MAIN STREET LUCAMA, NC 27851</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments  Report by Rick Benton  A biennial follow-up survey was conducted on October 29, 2015 from 8:45am to 9:45am at the above referenced facility. One listed deficiency remains from the Biennial follow up survey conducted on July 9, 2015. The remaining deficiency will require another Plan of Correction. It is as follows:	{C 000}		
{C 101}	Existing Licensed-No Less than '71 Rules  SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost;  This Rule is not met as evidenced by: 1. Based on observation, the Staff sleeping room did not have an emergency escape and rescue opening as required by the Building Code in effect when the facility was first licensed.	{C 101}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{C 101}	Continued From page 1  Findings include: a) The Staff bedroom on the second floor has a window with an opening that is 16 x 11 inches. This is not in conformance with the minimum 432 square inch opening.  *10/28/15 - RB: This deficiency remains uncorrected. During the follow-up survey, the provider was given a copy of the upper level of the facility to document the proposed use of the area. The provider must submit to our office a signed copy of the revised floor plan for our records which indicates what the upper level is going to be used as. There are three rooms that were previously documented as bedrooms. During the follow-up survey, it was determined that the two bedrooms to the right of the stairs have windows that do not meet the 432 square inches in area. The staff room to the left of the stairs leads to the remote exterior stairway. Because of the rough opening size of 21"(w) x 29"(h) for both bedroom windows, only a rollout casement window or a casement pushout window can be used as a replacement. If a casement rollout window is used, it must either open totally to the left or right. If the provider is not willing to install a new window in one of these two rooms, then neither will be allowed to be used as a bedroom. If the provider decides not to use the two rooms as bedrooms then no bedroom furniture such as a bed can be set up in either of the rooms. If they are not used as bedrooms the provider may use them for storage. If the provider decides to install the window in either location or both, then you will need to contact a qualified technician to make the necessary installation. Submit to our office copies of the receipts from the technician and pictures of the completed work for our verification.	{C 101}		